
HOW TO COMPLETE APPLICATION FOR THE WISCONSIN G.I. BILL (WDVA 2029)

Instructions:

- A. All applicants must complete the form WDVA 2029 in full and submit it and the items listed below, as appropriate, to the School Veterans Certifying Official at the address listed in this brochure or at www.WisVets.com/CampusCoordinators.
- B. When you submit this application to the educational institution, you must also submit the Request for Certification (form WDVA 2030) to the Wisconsin Department of Veterans Affairs.
- C. **For timely consideration, applications for University of Wisconsin institutions** should be submitted to the institution and WDVA within fourteen (14) calendar days from the official start of the fall or spring term, by June 1st for the summer term, and by the term fees' due date for interim terms.
- D. **For timely consideration, applications for the Wisconsin Technical Colleges (WTC)** should be submitted to the district Veterans Certifying Official and WDVA by the fourteenth (14th) calendar day of the semester (WTCS Date of Record).

Completion Checklist for Documents to Submit to College:

- Application (WDVA 2029)** (included in this packet). Fillable forms are available on our website at www.WisVets.com/Forms#WDVA2029.
- If Student Is Applying As Child of Eligible Veteran, provide documentation as follows:**
 - a. **For Biological Child:** A photocopy of the student's Birth Certificate or similar official documents that identify parentage.
 - b. **For Adopted Child:** A photocopy of the student's Adoption Certificate.
 - c. **For Stepchild:** A photocopy of the student's Birth Certificate and Marriage License that demonstrates the eligible veteran has married a biological parent of the student, or a copy of the Certificate of Eligibility for Federal VA benefits that indicates recognition as a stepchild.
 - d. **For Other Child Who is a Member of the Veteran's Household:** A photocopy of the veteran's most recent state and federal income taxes where the student is listed as a dependent and the student's permanent address is the same as the veteran's household address.
 - e. **For Non-marital Child:** A photocopy of a Certificate of Paternity.
- If Student is Applying as Spouse of a Veteran:**
 - a. A photocopy of the Marriage Certificate showing the spouse's marriage to the certified veteran.
- If Student is Applying as Unremarried Surviving Spouse:**
 - a. A photocopy of the Marriage Certificate showing the spouse's marriage to the certified veteran.
 - b. A photocopy of the latest federal and state tax returns for the unremarried surviving spouse.
 - c. A photocopy of the Birth Certificate or adoption papers for the youngest child born to or adopted by the remarried surviving spouse and the certified veteran.
- If Using Federal Post-9/11 GI Bill—Documents Needed to Assess Eligibility for Supplemental Payment:**
 - a. Federal VA Certificate of Eligibility (COE) for the Post-9/11 GI Bill -OR- Current Federal VA Award Letter for Post-9/11 GI Bill.
 - b. Most recent DD-214.
 - c. Papers documenting "kicker" entitlements.
 - d. Papers or receipts documenting "buy-up" contracts.
- If Using Federal Post-9/11 GI Bill—Documents Needed to Demonstrate 12 or Fewer Remaining Months of Federal Benefit**
 - a. Web Automated Verification of Enrollment (WAVE) form showing remaining benefit eligibility.



APPLICATION FOR WISCONSIN G.I. BILL

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

APPLY EARLY!

Applications for the Wisconsin Technical College System (WTCS) should be submitted to the district Veterans Certifying Official and WDVA by the fourteenth (14th) calendar day of the semester (WTCS Date of Record).

Applications for University of Wisconsin institutions should be submitted to the educational institution and the Wisconsin Department of Veterans Affairs (WDVA) within fourteen (14) calendar days from the official start of the term for the fall or spring term, by June 1st for summer terms, and by the due date for term fees for interim terms.

Applying within the suggested timeline allows for financial aid to be accurately determined and reduces the risk of students receiving an overpayment that would need to be repaid to the institution.

THIS FORM IS FOR SUBMISSION TO THE EDUCATIONAL INSTITUTION

Student Name (Print)

Date of Birth

Address

()
Telephone Number

City, State, Zip Code

Social Security Number

Email Address

Campus Student ID Number

I am applying for the Wisconsin G.I. Bill Benefits/Tuition Remission based on my status as (*check as many as apply*):

- Veteran (Myself)
- Spouse of
- Unremarried Surviving Spouse of Full Name of Veteran Veteran's Date of Birth
- Child of

I will attend (*check one*):

- University of Wisconsin
- Wisconsin Technical College Print Full Name of Campus (NO ABBREVIATIONS) Beginning (mo/yr)
- Fall Spring Summer Other 20 ____

I have received Wisconsin G.I. Bill benefits previously, and I most recently attended the following UW or Wisconsin Technical College institution:

Name of Campus From (mo/yr) To (mo/yr)

I am or will be receiving (*check all that apply*):

- Reserve Officers' Training Corps (ROTC) Scholarship benefits [10 USC 2107(c)]
- Federal VA Ch. 31 Vocational Rehabilitation benefits [38 USC 3104(a)(7)(A)]

[Over →]

YOU MUST CHECK ONE BOX UNDER EACH QUESTION

1. If you are using Wisconsin G.I. Bill benefits, please check one and initial:

- I declare that I have no active-duty military service following Sept. 10, 2001.
- I declare that I have active-duty military service following Sept. 10, 2001.
 - I have applied or will apply for federal Post-9/11 G.I. Bill benefits beginning with the indicated semester/term:
 - I understand that I must provide either my Certificate of Eligibility for federal Post-9/11 G.I. Bill benefits or a federal Post-9/11 G.I. Bill benefits rejection notice from the federal VA to my school certifying official within **two weeks** of receiving it.
- I declare that I have 12 months or less of a federal military benefit remaining, and I plan to exhaust it before applying for the federal Post-9/11 G.I. Bill in the following semester/term:
 - I understand that I may only continue to use the Wisconsin G.I. Bill as a veteran if I have 12 or fewer months of federal benefits remaining under Chapter 30, 1606, or 1607.
 - I understand that I may only continue to use the Wisconsin G.I. Bill as a child or spouse if I have 12 or fewer months of federal benefits remaining under Chapter 35, 1606, or 1607.
 - I understand I must provide a copy of my Web Automated Verification of Enrollment (WAVE) report or most current federal VA award letter showing months used and months remaining for Chapter 30, 35, 1606, or 1607 benefits.

Initials of Applicant

Semester Year

Initials of Applicant

Semester Year

Initials of Applicant

2. Have you transferred any federal Post-9/11 G.I. Bill benefits to a family member?

- I declare that I have not transferred federal Post-9/11 G.I. Bill benefits to a child or spouse.
- I declare that I have transferred federal Post-9/11 G.I. Bill benefits to a child or spouse.

Initials of Applicant

Initials of Applicant

3. Have any federal Post-9/11 G.I. Bill benefits been transferred to you by a parent or spouse?

- I declare that my parent or spouse has not transferred federal Post-9/11 G.I. Bill benefits to me.
- I declare that my parent or spouse has transferred federal Post-9/11 G.I. Bill benefits to me.
 - I understand that I must provide either my Certificate of Eligibility for federal Post-9/11 G.I. Bill benefits or a federal Post-9/11 G.I. Bill benefits rejection notice from the federal VA to my school certifying official within **two weeks** of receiving it.

Initials of Applicant

Initials of Applicant

My signature below, affirms that I understand and agree to the following:

1. My application for Wisconsin G.I. Bill benefits is not complete until I also request and obtain certification of veteran status from the Wisconsin Department of Veterans Affairs; and
2. The Wisconsin Technical College System and the University of Wisconsin System require my social security number for verification by the Wisconsin Higher Educational Aids Board for program eligibility, for federal and state reporting requirements, and for program evaluation purposes; and
3. The sharing of information contained in this form and any related information for the purposes of processing my application and implementing this program, with and among UW institutions, WTCS institutions, the Wisconsin Department of Veterans Affairs, and the State of Wisconsin Higher Educational Aids Board.
4. Under penalty of law, I further attest that all of the information provided on this and related documents is true and complete to the best of my knowledge. **I agree to inform my school certifying official of any change in the circumstances upon which this application is based before the beginning of the next term/semester.**

Signature of Applicant

Date

HOW TO COMPLETE REQUEST FOR CERTIFICATION FOR THE WISCONSIN G.I. BILL (WDVA 2030)

Instructions:

- A. All applicants must submit the form WDVA 2030 and documents as described below to:

Wisconsin Dept. of Veterans Affairs
Attn: Wisconsin G.I. Bill Eligibility
201 W. Washington Ave., P.O. Box 7843
Madison, WI 53707-7843

- B. When you submit this certification request to the WDVA, you must also submit the Application for the WI G.I. Bill (form WDVA 2029) to the Higher Educational Institution (UW or WTC) you plan to attend.

Completion Checklist for Documents to Submit to WDVA:

Include all necessary forms or documentation as follows:

- Be certain to have Veteran (if still alive) and applicant sign all forms!
- If the veteran is deceased and the student is at least 18 years of age, in the places for Veteran's Address, Veteran's Email Address and Veteran's Telephone Number, insert those of the student's. If the student is not yet 18, then list the guardian's.
- WDVA 0001**, Eligibility Determination (if eligibility for benefits has not been established since 2005).
- WDVA 1805**, Veteran's Residency Affidavit. For veterans who do not have a *Home of Record at Time of Entry* listed on their DD Form 214, they may use the WDVA 1805 to verify their residency when they entered active duty.
- WDVA 2030** (included in this packet). Fillable forms are available on our website at www.WisVets.com/Forms#WDVA2030.
- DD Form 214, copy #4 or #6** (*Certificate of Release or Discharge from Active Duty*).
NOTE on how to verify Home of Record: Some veterans discharged between 1978-89 may not have "home of record at time of entry on to active duty" on their DD-214. You can verify Home of Record by obtaining a copy of your DD-215, and or DD-2058, "State of Legal Residence Certificate," from the Records Center in St. Louis or from tax records from the Wisconsin Department of Revenue (DOR). You can go to the DOR webpage at <http://www.revenue.wi.gov/faqs/ise/request> to print a P-521 form and request proof of filing Wisconsin state taxes in the year that you entered into active duty. This DOR webpage will state it only keeps microfiche copies of tax returns for 10 years. However, DOR does store basic tax information on a tax roll worksheet that will reflect the information for the year requested even when the year requested is more than 10 years old. The tax roll worksheet can provide the necessary proof of your Home of Record. Contact your County Veterans Service Officer if you require additional assistance.
- Death Certificate** if the veteran is deceased.
- Initial Federal VA Service-Connected Disability (SCD) Rating Notification Letter** showing 30% or more SCD rating if claiming eligibility based on service-connected disability. The Wisconsin Department of Veterans Affairs will send a completed certification of veteran status and eligibility to your school Veterans Certifying Official.



REQUEST FOR CERTIFICATION FOR WISCONSIN G.I. BILL

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

NOTE: Once application is received and/or base file is established, you may go to <https://services.dva.state.wi.us> for online access to the Veterans Benefits and Applications Tracking System (VBATS) and to view current status. You may also check with your local County Veterans Service Office or School Veterans Certifying Official. You may also call 1-800-WIS-VETS (947-8387) and ask for the Wisconsin G.I. Bill Program Coordinator. Once your application has been reviewed, we will send you the results of that review.

Instructions: All applicants must complete this form in full and attach required documentation as follows: 1) DD Form 214, Certificate of Release or Discharge from Active Duty (for all applicants); 2) WDVA 0001, Eligibility Determination (if the veteran has not previously established eligibility for benefits); 3) death certificate (if the veteran is deceased); 4) Initial Federal VA service-connected disability rating notification letter (if claiming eligibility based on service-connected disability). Mail this application and the appropriate supporting documents to: Wisconsin Dept. of Veterans Affairs, Attn: Wisconsin G.I. Bill Eligibility, 201 W. Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843.

THIS FORM FOR SUBMISSION TO WISCONSIN DEPARTMENT OF VETERANS AFFAIRS (WDVA)

 Veteran's Name (Print)

 Veteran's Date of Birth

 Veteran's Address *

 Veteran's Email Address *

 City, State, Zip Code

() _____
 Veteran's Telephone Number *

*If Veteran is deceased, see the second check box in brochure B0105, page 14, for instructions.

I am requesting certification based on my status as (check as many as apply):

- Veteran (Myself)
- Spouse of
- Un-remarried Surviving Spouse of
- Child of

 Student's Full Name

 Student's Date of Birth

 Student's Social Security Number (required for Wisconsin Higher Educational Aids Board credit tracking)

 Student's Campus ID Number

I will attend (check one):

- University of Wisconsin
- Wisconsin Technical College

 Full Name of Campus (NO ABBREVIATIONS)

 Beginning (mo/yr)

My signature below, affirms that I understand and agree to the following:

1. I must also apply for Wisconsin G.I. Bill benefits to the UW System or Wisconsin Technical College System institution that I wish to attend and that failure to apply will prevent me from receiving any benefits to which I might otherwise have been entitled; and
2. The Wisconsin Technical College System and the UW System require my social security number for verification by the Wisconsin Higher Educational Aids Board (HEAB) for program eligibility, for federal and state reporting requirements, and for program evaluation purposes; and
3. The sharing of information contained in this form and any related information for the purposes of processing my application and implementing this program, with and among UW institutions, WTCS institutions, the WDVA, and the HEAB.
4. Under penalty of law, I further attest that all of the information provided on this and related documents is true and complete to the best of my knowledge. I agree to inform the school(s) named above of any change in the circumstances upon which this application is based.

 Applicant's Signature (Veteran if still living and legally competent)

 Date

 Student's Signature (if different from Applicant)

 Date



(FOR OFFICE USE ONLY)
 File No. _____
 Co. _____

ELIGIBILITY DETERMINATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].
 The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Complete and transmit this form with a copy of veteran's report of separation for a qualifying term of military service to the local county veterans service officer or to the address at the top of this form.

1. Mr. _____ Social Security # _____
 Ms. (Veteran's Last Name) (Full First Name) (Full Middle Name)
 Name of Applicant _____ S.S.# _____
 (if different) (Last Name) (Full First Name) (Full Middle Name)
 Permanent and Legal Address _____
 (# and Street) (City) (County) (State) (Zip)
 Present Address (if different) _____
 (# and Street) (City) (County) (State) (Zip)

2. Veteran's Place of Birth _____ (City) (State or Foreign Country) Veteran's Date of Birth _____

Entered Service		Separation from Service		4. Name Used in Service. If name is different than what is on military separation, provide documentation that shows how your name changed. This could be a marriage certificate, divorce decree, or legal court document.
Date	Place	Date	Place	

5. Veteran was a legal resident of _____ on _____
 (Name of State) (Date of Entry or Reentry into Active Military Service)

If veteran claimed residence in Wisconsin in #5, answer 6 and 7. All veterans need to sign and date the application.

6. Address of the dwellings occupied by veteran during the 12 months prior to date of entry or reentry: (use extra sheet if necessary)

# and Street	City	County	State	From: Mo. / Yr.	To: Mo. / Day / Yr.

Employment during the same 12 months:			Schools attended during the same 12 months:		
Name of Employer	City and State of Employment	From: Mo. / Yr. To: Mo. / Yr.	Name, City and State of School	From: Mo. / Yr. To: Mo. / Yr.	

7. Answer the following if veteran was under 21 years of age on date of entry into active service and date of entry was prior to March 23, 1972 or if veteran was under 18 years of age and date of entry was after March 22, 1972.

Veteran's Parent having legal custody was _____
 or (First Name) (Middle Name) (Last Name)
 Non-parental legal guardian was _____
 (First Name) (Middle Name) (Last Name)
 The parent or guardian occupied a dwelling at _____ on _____
 (# and Street) (City) (State) (Date of Entry)

I understand all questions and answers in this determination of eligibility form and the answers are true and complete to the best of my knowledge and belief.

Date _____ Applicant's Signature _____
 Home Phone # _____ Email Address _____

WARNING: If you knowingly make any false statement of any material fact or submit fraudulent evidence in or in connection with this application, you are subject to severe penalties provided by law including fine or imprisonment or both, and suspension of all veterans' benefits from the department.